PrEP Agreement Form

It has been explained to me that:

• Taking a dose of PrEP medication every day may lower my risk of getting HIV infection

• This medicine does not completely eliminate my risk of getting HIV infection, and it is recommended to continue using condoms

• This medicine may cause side effects so I should contact my provider for advice by calling ________________________________ if I have any health problems

• It is important for my health to find out quickly if I get HIV infection while I’m taking this medication, so I will contact my provider right away if I have symptoms of possible HIV infection (fever with sore throat, rash, headache, or swollen glands)

• RCHD will conduct test for HIV infection at least once every 3 months as a part of the PrEP Pilot Program

Therefore, I will:

• Try my best to take the medication my provider has prescribed every day

• Talk to my provider about any problems I have in taking the medication every day

• Not share the medication with any other person

• Attend all my scheduled appointments

• To call ________________________________ to reschedule any appointments I cannot attend

Healthcare Provider Agreement:

• I will educate my patient about potential benefits and risks of PrEP, monitor for side effects and report any adverse events

• I have sent the blood tests to confirm a negative HIV status

• I have reviewed the importance of safer sex and behavioral practices to help prevent not only HIV but other sexually transmitted infections

• A refill for Truvada will not be provided without the most recent negative HIV test

Patient Name: ____________________________  Provider Name: ____________________________

Patient Signature: ____________________________  Provider Signature: ____________________________

Date: ____________________________  Date: ____________________________